

## PUBLIC HEALTH IN A TIME OF CHANGE

Public health in Washington State is at a crossroads. After a century of effectively preventing death and illness and increasing the quality of life of our residents, today we face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. These new realities must lead to a rethinking of how we do our work if we are to:

- Sustain our past successes – protect the capabilities of our communicable disease response, public health laboratory services, core environmental public health work, and emergency preparedness and response.
- Confront our emerging challenges – address chronic diseases such as diabetes and heart disease, resulting from underlying causes such as tobacco use, poor nutrition and physical inactivity, as well as address preventable injuries, and giving everyone a chance to live a healthy life regardless of their income, education, racial or ethnic background.
- Use our available resources most efficiently and effectively – forge new partnerships and use technology to shape a better, more effective public health system.

In short, we need an agenda for change as we move forward, even during these tough times.

Public health has profoundly improved the lives of people in our state for over a hundred years. In the early 1900s, the average life expectancy in the U.S. was 49 years. Today it is approximately 80 years. While clinical health care is valued, most of this increase is due to public health actions – for example, the dramatic drop in infant mortality and deaths from infectious diseases resulting from improved hygiene, sanitation, immunization, and communicable disease control efforts. While they remain hidden because they are successful, the public health efforts that provide safe drinking water, safe food, and safe living conditions are active and on-going today and require resources and trained public health professionals to assure continuing effectiveness.

The current economic crisis threatens these resources and, therefore, these programs and our citizens' overall health and well being. Local and state funding for public health is rapidly eroding, resulting in the loss of trained public health professional staff ranging from 25-40% in some jurisdictions and compromising our overall public health system's ability to respond to critical health issues.

As importantly, new challenges confront us. While public health has made great strides in combating infectious disease, a new set of preventable illnesses has emerged. Although Washingtonians are living longer, they are still dying early from preventable causes, often following years of preventable illness and disability. Chronic diseases such as diabetes and heart disease, resulting from underlying causes such as tobacco use, poor nutrition, and physical inactivity, continue to cause long-term illnesses and disability and are cutting lives short.

## Reshaping Governmental Public Health in Washington State

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Preventable injuries are the leading cause of death for Washingtonians aged 1 to 44. Social and economic factors driven by race and class are increasingly recognized as significant causes of overall poor health and disparities in health outcome between groups. All Washingtonian's should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, racial or ethnic background. The need for public health change is underscored by dismal and declining U.S. health rankings compared to other developed nations. Despite the fact that as a nation we spend more money per capita on medical care than any other industrialized nation in the world, our childhood mortality rate ranks 42<sup>nd</sup> in the world (dropping from 20<sup>th</sup> in 1970 and 29<sup>th</sup> in 1990)<sup>i</sup> and our female mortality ranks 49<sup>th</sup> and male mortality ranks 45<sup>th</sup> (dropping from 34<sup>th</sup> and 41<sup>st</sup> respectively in 1990)<sup>ii</sup>. Almost unbelievably, unless we change course, for the first time since statistics started to be kept, today's youngest generation may not live as long as their parents.

While health care reform will greatly reduce the number of persons without health insurance, alone it will not solve these problems. Health will improve most from preventing chronic diseases in the first place rather than treating them after they have occurred. This will require a public health system that assists individuals in adopting healthy behaviors, assists organizations and communities in encouraging these lifestyles, and assists policy makers in implementing policies based on the best available evidence to change the conditions in which we all live.

## THE WHAT – AN ACTION AGENDA FOR THE PUBLIC'S HEALTH

Amidst all this change, the fundamental goals of public health remain unchanged. Simply put, they are to: 1) protect people from communicable diseases and other health threats through prevention, early detection, and swift responses; 2) build communities that prevent illness, promote wellness, and better provide all of us the opportunity for long, healthy lives; and 3) improve access to quality, affordable health care that incorporates routine clinical preventive services and is available in rural and urban communities alike.

What has changed are the specific actions we need to undertake to best achieve these goals. We have few opportunities to transform, and this is one of those times. What follows is the top level outline of an agenda to guide the course of change for public health in Washington State.

### **1. Focus our communicable disease capacity on and enhance the most effective and important elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats**

*Success will require the following essential near-term actions:*

- a. Give high priority to and explore every avenue to maximize the disease protection provided by immunizations – one of our most cost-effective strategies to prevent the spread of vaccine preventable disease
- b. Sustain the most effective elements of our capacity to prevent, rapidly detect, and respond to health threats, both current and emerging.
- c. Modernize our informatics capabilities and capacities to collect and securely share vital information.
- d. Improve and modernize our risk communication capacities and technologies to effectively provide key information to, policy makers, the public, and the health care system.

**2. Focus on policy and system efforts to foster communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide all of us the opportunity for long, healthy lives.**

*Success will require the following essential near-term actions:*

- a. Give high priority to creating policies, systems, and environments that promote healthy starts, reduce tobacco use and support healthy eating and active living, raising the bar on healthy and productive lives for everyone.
- b. Focus effort and policies to address disparities in health; providing the opportunity for all Washingtonian's to make the choices that allow them to live a long, healthy life, regardless of their income, education, racial or ethnic background.
- c. Increase the types of governmental partners (i.e. parks, transportation, comprehensive planning and land use) and find new ways to collaborate to incorporate "health" into all policies. Actively and broadly engage and leverage the efforts of the non-government entities – economic development agencies, businesses and the private sector, schools, faith organizations, non-profit organizations, and others – to promote health, prevent disease, and reduce health care costs.
- d. Recognize and integrate into our practice and health programs, current knowledge of the effects of social and economic factors on health to give everyone the chance to live a healthy life.

**3. With healthcare reform, it is time for public health to more effectively and strategically partner with the healthcare system to improve access to quality, affordable and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike.**

*Success will require the following essential near-term actions:*

- a. Monitor health care access to identify and propose solutions to bottlenecks and barriers as health care reform is implemented.
- b. Forge a stronger relationship with the clinical care system to improve the delivery of both clinical and community preventive services.
- c. Develop the resources necessary for a responsive system to oversee licensed health professionals and institutions to ensure patient safety.
- d. Assure that attention is paid to reducing substance abuse and promoting good mental health, especially the prevention and early detection of depression.

This *Agenda for Change* is required for better health, to ensure a workforce that is ready to compete in a competitive global market place, and for our families to raise children ready to learn in school and to grow up to be productive members of society.

## **THE HOW – A PUBLIC HEALTH REFORM AGENDA**

Just as the health care system is changing through health care reform to better meet its 21<sup>st</sup> century challenges, so must the public health system undergo "public health reform" to achieve the *Agenda for Change* outlined above. The key elements of this public health reform include the following:

**1. Retrain the public health workforce to the skills and competencies needed for the new work**

*Success will require the following essential near-term actions:*

- a. Develop strategies for filling gaps in our overall competencies, focusing on high level advocacy and policy change, 21<sup>st</sup> century communication tools, skills to address health equity and social determinants, and abilities to work with other organizations to leverage their resources and abilities.
- b. Develop new recruitment, selection, and retention strategies to bring the right people with the right skills to meet the new public health challenges facing our communities.
- c. Promote and support the necessary skills to lead a governmental agency in effectively addressing the complex issues affecting the health of Washingtonians.

## **2. Re-prioritize work and modify business practices**

*Success will require the following essential near-term actions:*

- a. Work with policy makers to set and prioritize health outcomes; establish ways to measure them.
- b. Streamline the number of and focus performance and accountability measures on public health actions that lead to the achievement of the prioritized health outcomes.
- c. Commit fully to quality improvement by meeting the Standards for Public Health in Washington State and to work toward public health department accreditation which measures and documents the capabilities of public health agencies.
- d. Re-prioritize, modernized and sustain the most important informatics capabilities and capacities to collect, analyze, and share meaningful information, as appropriate, among public health practitioners and policy makers for decision making and with the public so that all have the opportunity to make the choices that allow them to live long and healthy lives.
- e. Adopt and apply the best of both private and public sector management to the operation of each of our programs, including routine incorporation of quality improvement and efficiency practices.
- f. Critically evaluate and reprioritize our limited resources, using things such as the *Guiding Principles for the Governmental Public Health System* and *Criteria for Making Policy, Program and Funding Choices* outlined later in this document.
- g. Better define roles and responsibilities among the overlapping authorities and jurisdictions of state, county, and tribes.
- h. Organize a more cost-effective public health system to achieve prioritized health outcomes, using regional approaches or other models when appropriate and agreed upon.

## **3. Develop a long-term strategy for predictable and appropriate levels of financing**

*Success will require the following essential near-term action:*

- a. Work with partners and policy makers to develop a new model for local, state, and federal government funding of the governmental public health system in Washington State to support this action agenda and the “public health reform” agenda.
- b. Work with partners and policy makers to develop and implement a realistic multi-year strategy to implement the new model and achieve long-term, predictable funding for the governmental public health system to support this action agenda and the “public health reform” agenda.

## **NEXT STEPS FOR ADVANCING THIS AGENDA FOR CHANGE**

*Success will require the following priority near term actions:*

- a. Action-oriented, coordinated leadership is an urgent priority. Making this agenda a reality will require a well-organized effort that includes local health jurisdictions, local boards of health, the Washington State Department of Health, the State Board of Health, the Washington State Association of Local Public Health Officials, tribal governments, the Washington State Association of Counties, and other partners;
- b. The Public Health Improvement Partnership (PHIP) is an established framework for working together that already includes key partners. The PHIP should be the focal point to coordinate implementation and action on the Agenda for Change.

***To implement the Agenda for Change we will use a common set of guiding principles and decision-making criteria***

**Guiding principles for the governmental public health system**

1. We are accountable for all resources we are allocated – people, funding, and technology.
2. We will build upon our history of thinking and planning as a system while recognizing the diversity of our local communities, and we will hold each other accountable.
3. Science guides our work – epidemiology, biology, social science (including communications), and political science (an understanding of government).
4. We help communities find workable solutions to their health problems and leverage their resources.
5. We work to achieve equity so that all Washingtonian's have the opportunity to make the choices that allow them to live a long healthy life, regardless of their gender, income, education, racial or ethnic background, sexual orientation, or where they live.

**Criteria for making policy, program and funding choices**

1. Does this protect the public's health and public safety? As we respond to new challenges, we need to sustain our past successes in preventing and responding to communicable diseases, public health emergencies, environmental public health threats and chronic disease and injury.
2. Is this a responsibility of government or something people expect to be done by government? Is government in the best position to act? If government is in the best position, is it state, local, tribal or a combination of these entities? Or is there a viable community partner or should we be supporting the development of a viable community partner?
3. Do we have clear indication that the actions will improve health or improve the opportunity for people to make the choices that allow them to live long, health lives?
4. Does this have the greatest potential impact in increasing the years of healthy life lived and eliminate injustices in health inequity.

In closing, this work group believes that the time has come to implement this *Agenda for Change*. In doing so, Washington State's public health system will continue to hold its national leadership status and will, most importantly, best serve the health of our residents and our communities.

<sup>i</sup> Rajaratnam JK, Marcus JR, Flaxman AD, Wang H, Levin-Rector A, Dwyer L, Costa M, Lopez AD, Murray CJL. Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4. *Lancet* 2010; 375: 1988–2008, published online May 24, 2010.

<sup>ii</sup> Rajaratnam JK, Marcus JR, Levin-Rector A, Chalupka AN, Wang H, Dwyer L, Costa M, Lopez AD, Murray CJL. Worldwide mortality in men and women aged 15–59 years from 1970 to 2010: a systematic analysis. *The Lancet* 2010, April 30; doi:10.1016/S0140-6736(10)60517-X.